

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		49	11/11/00
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	17	616	04/17/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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